

Work Order ID 86882***86882***

Page 1

July-09-12 9:14:45 AM

Item ID: D3281-1L02

Accept

N9000040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Floor Protector, Fwd LH (Black)

Start Date: 7/09/12 Start Qty: 2.00

2

Cust Item ID:

Required Date: 7/27/12 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals:

Process Plan:

Date: 120710

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

Draw Nbr

Revision Nbr

D3281

Rev F

DSI 9504

A

100

0.00

100

HAND FINISHING THERMOFORMING

Thermoform

Memo

0.00

Thermoforming Machine

Cut Blanks

x2

DH
12/07/24

105

0.00

105

Dry Material

HandThermo

Memo

0.00

Hand Finishing Thermoforming

Dry Sheet as per QSI022 POLYCARBONATE

Temp: 240°FTime IN: 7:00 pm 12/07/23Time OUT: 7:00 am 12/07/24

x2

DH
12/07/24

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
| | | | | | | | |
| | | | | | | | |

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

| NCR: | | WORK ORDER NON-CONFORMANCE (NCR) | | | | | | |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC Section A | Corrective Action Section B | | | Verification Section C | Approval Chief Eng | Approval QC Inspector |
| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
| | | | | | | | | |
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NOTE: Date & initial all entries

Work Order ID 86882

86882

Page 2

July-09-12 9:14:45 AM

Item ID: D3281-1L02 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Floor Protector, Fwd LH (Black)
 Start Date: 7/09/12 Start Qty: 2.00 *2* Cust Item ID:
 Required Date: 7/27/12 Req'd Qty: 2.00 *2* Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 110 | | 0.00 | | | | | | | |
| *110* | THERMOFORMING MACHINE | | | | | x2 | | | DL 12/07/04 |
| Thermoform | Memo | 0.00 | | | | | | | |
| Thermoforming Machine | Thermoform as per Dwg. D3281 and Folio FTA 011 | | | | | | | | |
| | Dwg. Rev. <u>E</u> | | | | | | | | |
| | Folio Rev. <u>D</u> | | | | | | | | |
| 120 | | 0.00 | | | | | | | |
| *120* | QC2- Inspect parts off machine FAI/FAIB | | | | | x2 | | | DL 12/07/04 |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |
| 130 | | 0.00 | | | | | | | |
| *130* | HAND FINISHING THERMOFORMING | | | | | x2 | | | DL 12/08/08 |
| Thermoform | Memo | 0.00 | | | | | | | |
| Thermoforming Machine | Trim to Finished Dimensions | | | | | | | | |

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
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Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
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NOTE: Date & initial all entries

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
| | | | | | | | |
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Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
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NOTE: Date & initial all entries

Work Order ID 86882***86882***

Page 4

July-09-12 9:14:45 AM

Item ID: D3281-1L02 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: Floor Protector, Fwd LH (Black)
Start Date: 7/09/12 Start Qty: 2.00 *2* Cust Item ID:
Required Date: 7/27/12 Req'd Qty: 2.00 *2* Customer:
Reference:

Approvals: Process Plan: Date: Tooling: Date: Run Start ***NR1***
QC: Date: SPC (Y/N): Date: Stop ***NR2***

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 170 | QC21- Final Inspection - Work Order Release | 0.00 | | | | | | | |
| *170* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |

MLJ 12/08/12

12-08-14

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
| | | | | | | | |
| | | | | | | | |

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

| NCR: | | WORK ORDER NON-CONFORMANCE (NCR) | | | | | | |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC Section A | Corrective Action Section B | | | Verification Section C | Approval Chief Eng | Approval QC Inspector |
| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
| | | | | | | | | |
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| | | | | | | | | |

NOTE: Date & initial all entries

Picklist Print

July-09-12 9:14:44 AM

Page 1

Work Order ID: 86882

Parent Item: D3281-1L02

Parent Item Name: Floor Protector, Fwd LH (Black)

Start Date: 7/09/12

Required Date: 7/27/12

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP Rev:A04.07.01New issueKJ/JLM
IPP Rev B. 07.16.2007 Thermoform in house DL
Material 10/04/2i DL

IPP Rev. C Add Step 105 Dry

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| MLEXS.093-F6006-02 GE PLASTICS LEXAN SHEET | | Purchased | No | | | | sf | 769.4200 | | 8.666 | | | |

Location

therm

Loc Qty

769.4199879

Loc Code

110877

29.0499879

122033

740.37

8.6758 ft.

12/08/08

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
| | | | | | | | |
| | | | | | | | |

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

| NCR: | | WORK ORDER NON-CONFORMANCE (NCR) | | | | | | |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC Section A | Corrective Action Section B | | | Verification Section C | Approval Chief Eng | Approval QC Inspector |
| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

NOTE: Date & initial all entries

| | | | |
|---|---------------|---------------------|---------|
| DART AEROSPACE LTD | | Work Order: | 86882 |
| Description: Floor Protector, Fwd LH | | Part Number: | D3281-1 |
| Inspection Dwg: D3281 | Rev: F | Page 1 of 1 | |

FIRST ARTICLE INSPECTION CHECKLIST
THERMOFORMING SECTION

| Description | Accept | Reject | Method of Inspection | Comments |
|---|--------|--------|----------------------|----------|
| Inside Radii less than 0.1875" Go/No Go | ✓ | | | |
| Shape Definition | ✓ | | | |
| Texture Retention | ✓ | | | |
| Material imperfections such as bumps, cracks, voids, scratching | ✓ | | | |
| | | | | |

| | | | |
|---------------------|----|--------------|----------|
| Measured by: | SK | Date: | 12/07/24 |
|---------------------|----|--------------|----------|

TRIMMING SECTION

| Drawing Dimension | Tolerance | Actual Dimension | Accept | Reject | Method of Inspection | Comments |
|-------------------|-----------|------------------|--------|--------|----------------------|----------|
| 18.6 | +/-0.100 | 18.55" | ✓ | | TAPE DL-01 | |
| 17.1 | +/-0.100 | 17.5" | ✓ | | TAPE DL-01 | |
| 11.7 | +/-0.100 | 11.7" | ✓ | | TAPE DL-01 | |
| 0.95 | +/-0.030 | 0.967" | ✓ | | UNN DL-02 | |
| 0.25 | +/-0.030 | 0.26" | ✓ | | UNN DL-02 | |
| 0.030 | Min | 0.0365" | ✓ | | CAL TH-DT. | |
| 0.070 | Min | 0.086" | ✓ | | CAL TH-DT. | |
| | | | | | | |
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| | | | |
|------------------------------|--------------|--------------|----------|
| Measured by: | SK | Date: | 12/08/08 |
| Audited by: | SMB 12/06/15 | Date: | 12-8-15 |
| Preliminary Approval: | DAS 16 9-83 | Date: | |

| Rev | Date | Change | Revised by | Approved |
|-----|----------|---------------------------------------|------------|----------|
| A | 08.02.28 | New Issue | KJ/DL | |
| B | 08.04.16 | Dimensions updated per Dwg Rev D | KJ/DL | |
| C | 08.09.12 | Tolerance revised for 0.070 dimension | KJ/DL | |
| D | 10.09.01 | Dwg Rev updated | KJ | |
| E | 11.06.21 | Dwg Rev updated | KJ | |

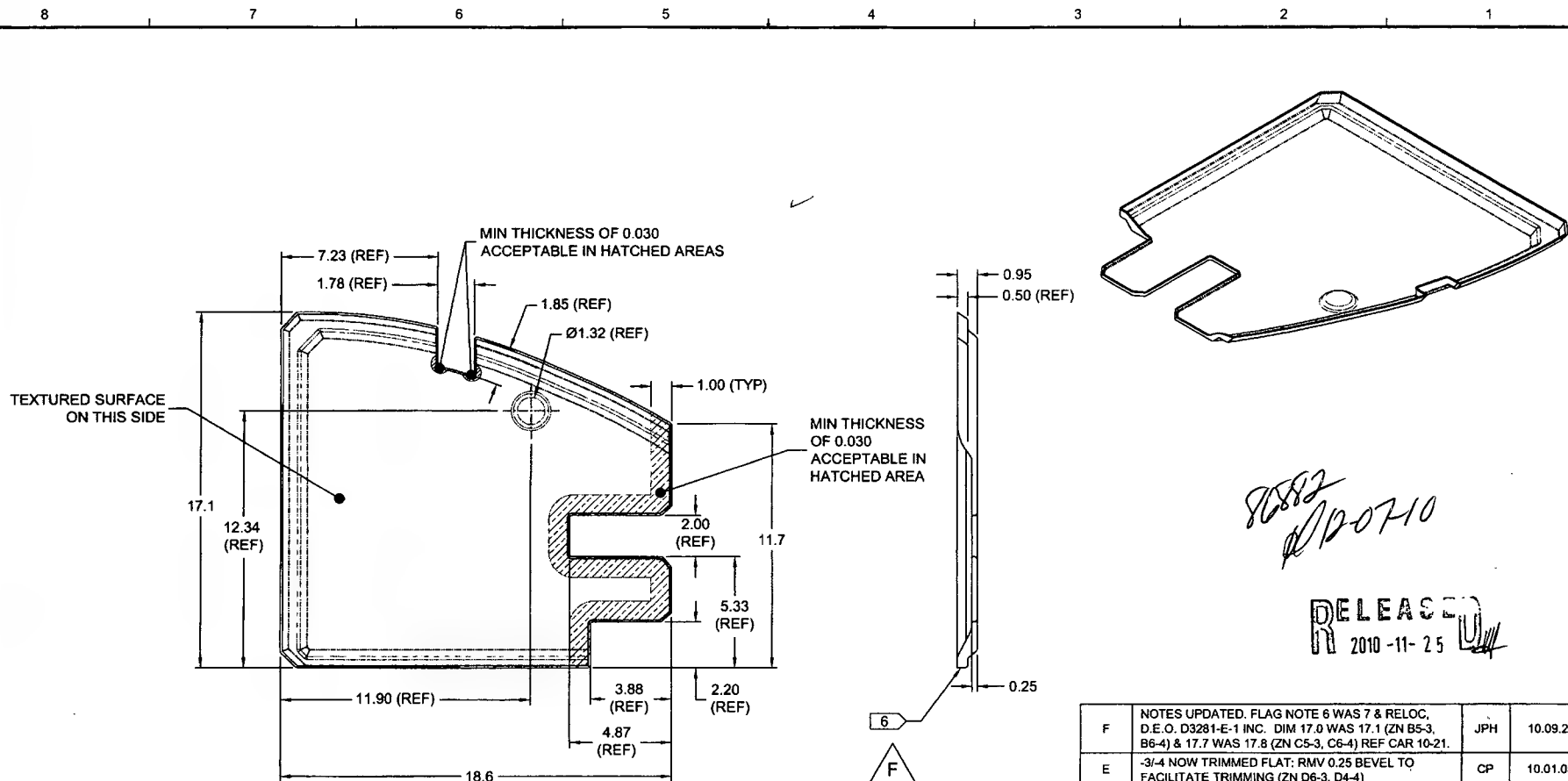
NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
|---|------|------|---|---|-------------------|---|-------------|--------------|---|--|--|
| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | | AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data <input type="checkbox"/> | | | | | | | | | | | |
| Equip/Tooling <input type="checkbox"/> | | | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other | | |



D3281-1 FLOOR PROTECTOR

NOTES:

- 1) MATERIAL: -1L02 = LEXAN F6006, BLACK No. 701, 0.093" THICK (MLEXS.093-F6006-02)
-1L08 = LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.010 MAX
- 6) IDENTIFICATION: IDENT WITH DART P/N "D3281-1Lxx" AND B/N PER QSI 044 6.4 ALONG PERIMETER OF PART AS SHOWN.
- 7) WEIGHT: D3281-1L02 = 0.95 lb D3281-1L08 = 1.13 lb
- 8) THERMOFORM WITH MOLD D3281-1T1 PER DART QSI 022; TRIM AS SHOWN
MINIMUM THICKNESS AFTER FORMING: 0.070" EXCEPT WHERE INDICATED

| | | | |
|------------|--|-----|----------|
| F | NOTES UPDATED. FLAG NOTE 6 WAS 7 & RELOC, D.E.O. D3281-E-1 INC. DIM 17.0 WAS 17.1 (ZN B5-3, B6-4) & 17.7 WAS 17.8 (ZN C5-3, C6-4) REF CAR 10-21. | JPH | 10.09.27 |
| E | -3/4 NOW TRIMMED FLAT: RMV 0.25 BEVEL TO FACILITATE TRIMMING (ZN D6-3, D4-4) | CP | 10.01.05 |
| D | THICKNESS 0.093 WAS 0.125, MIN THICKNESS 0.070 WAS 0.080, P/N AND B/N ID WITH VIBRATING STYLUS (ZN A7-1, A7-2, A7-3, A7-4); D3281-4 NOW ON PAGE 4; CORRECT WEIGHTS (ZN A8-1, A8-2, A8-3, A8-4) | PH | 08.03.28 |
| C | UPDATE DIMS TO MATCH PARTS: COLOUR 701 WAS 700; GENERAL UPDATE | LE | 07.10.09 |
| B | NOW LEXAN: DIMS AS MANUFACTURED | CP | 05.11.25 |
| A | NEW ISSUE | CP | 04.05.03 |
| REV. | DESCRIPTION | BY | DATE |
| DESIGN | | | |
| DRAWN | | | |
| CHECKED | | | |
| MFG. APPR. | | | |
| APPROVED | | | |
| DE APPR. | | | |
| DATE | 10.09.27 | | |

DART AEROSPACE LTD
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. D3281 REV. F
SHEET 1 OF 4

TITLE FLOOR PROTECTOR SCALE NTS

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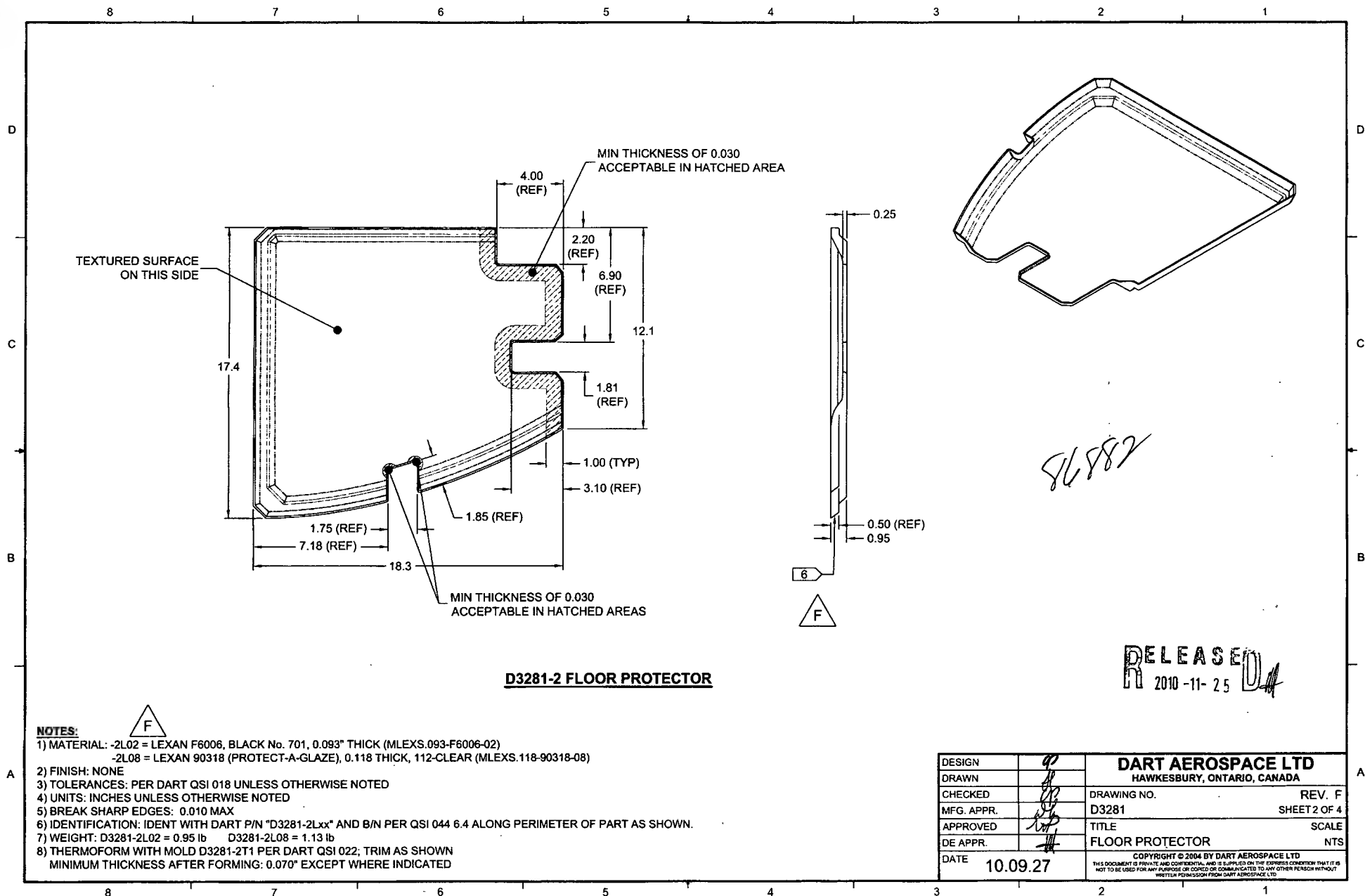
NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
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| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data <input type="checkbox"/> | | | | | | | | | | | |
| Equip/Tooling <input type="checkbox"/> | | | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other | | |



NCR: Yes / No

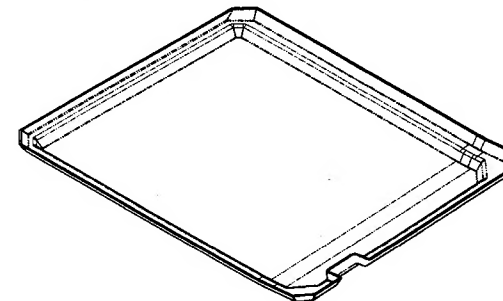
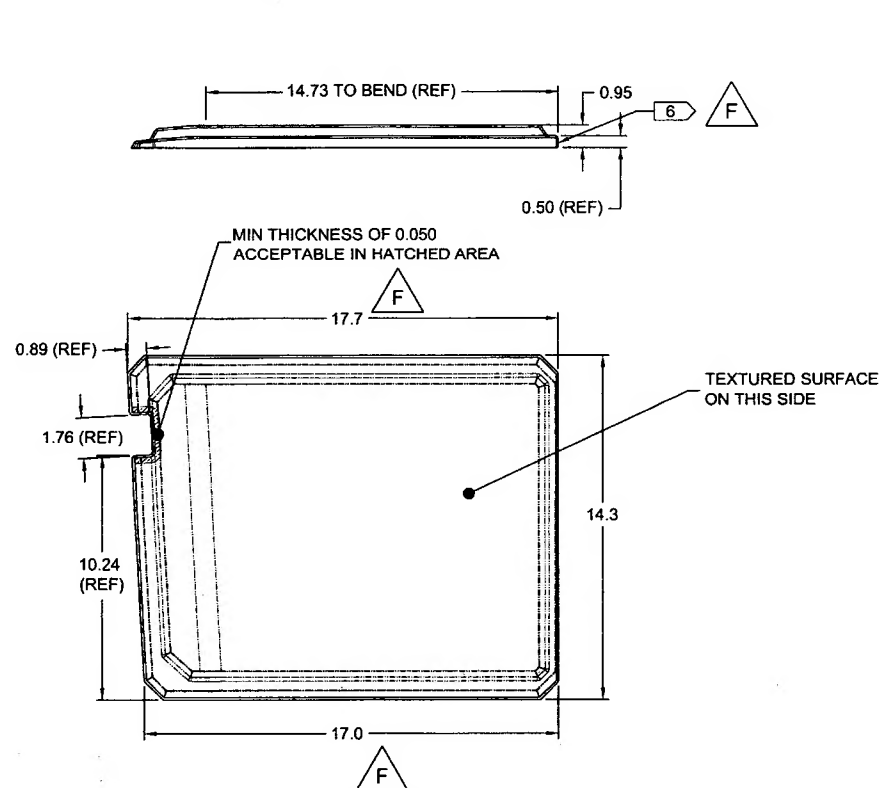
WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
|--|-------------|-------------|------------|---|--------------------------|---|------------------------|---------------------|---------------------|--|--|
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| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
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| Equip/Tooling <input type="checkbox"/> | | | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | | |

| FAULT CATEGORY | | | | |
|--|---|---|--|---|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |



D3281-3 FLOOR PROTECTOR

NOTES:

- 1) MATERIAL: -3L02 = LEXAN F6006, BLACK No. 701, 0.093" THICK (MLEXS.093-F6006-02)
-3L08 = LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.010 MAX
- 6) IDENTIFICATION: IDENT WITH DART P/N "D3281-3Lxx" AND B/N PER QSI 044 6.4 ALONG PERIMETER OF PART AS SHOWN.
- 7) WEIGHT: D3281-3L02 = 0.87 lb D3281-3L08 = 1.05 lb
- 8) THERMOFORM WITH MOLD D3281-3T1 PER DART QSI 022; TRIM AS SHOWN
MINIMUM THICKNESS AFTER FORMING: 0.070" EXCEPT WHERE INDICATED

RELEASE
2010-11-25

| | | | |
|--|-----------|--|--------------|
| DESIGN | <i>JD</i> | DART AEROSPACE LTD | |
| DRAWN | <i>JD</i> | HAWKESBURY, ONTARIO, CANADA | |
| CHECKED | <i>JD</i> | DRAWING NO. | REV. F |
| MFG. APPR. | <i>JD</i> | D3281 | SHEET 3 OF 4 |
| APPROVED | <i>JD</i> | TITLE | SCALE |
| DE APPR. | <i>JD</i> | FLOOR PROTECTOR | NTS |
| DATE | 10.09.27 | COPYRIGHT © 2004 BY DART AEROSPACE LTD | |
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NCR: Yes / No

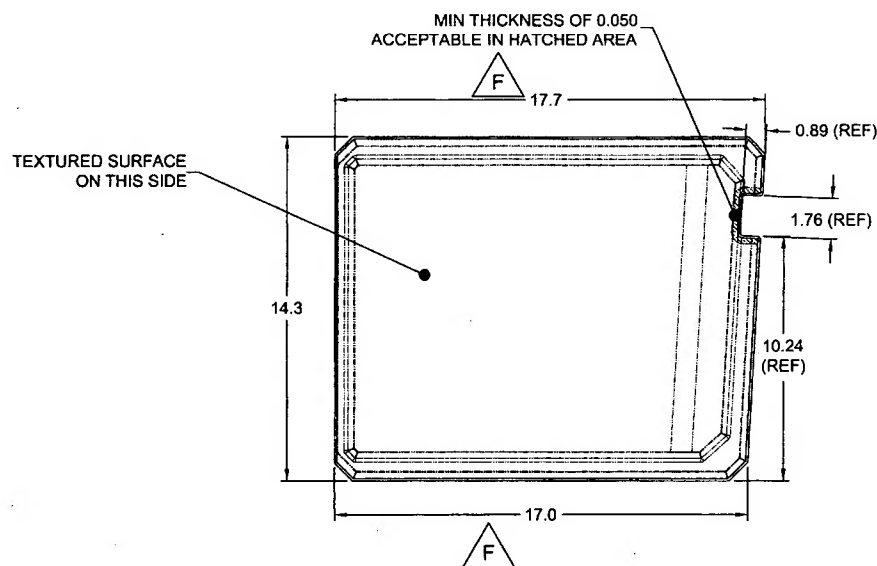
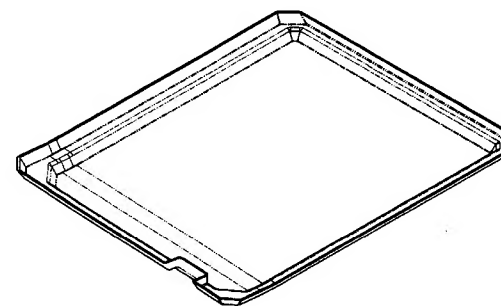
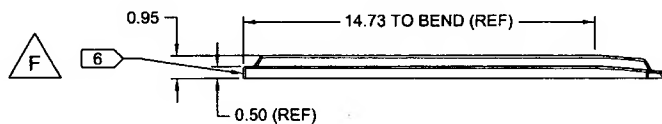
WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
|--|-------------|-------------|------------|---|--------------------------|---|------------------------|---------------------|---------------------|--|--|
| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | | AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | |
| Operator | | | | | | | | | | | |
| Material | | | | | | | | | | | |
| Setup | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Process | | | | | | | | | | | |
| Supplier | | | | | | | | | | | |
| Training | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | |

| FAULT CATEGORY | | | | | | | | | | |
|--|---|--|--|--|---|---|--|--|---|---|
| Landing Gear | | | General | | | | | | | |
| <input type="checkbox"/> Bending | <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> Cracks | <input type="checkbox"/> Crushed/Crimped. | <input type="checkbox"/> Cuffs | <input type="checkbox"/> Heat Treat | <input type="checkbox"/> Inspection Strip in Tube | <input type="checkbox"/> Ripples in Bend | <input type="checkbox"/> Torque Waves in Extrusion | <input type="checkbox"/> Turning Sequence | <input type="checkbox"/> Wave/Twist in Tube |
| <input type="checkbox"/> Bend | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Burrs | <input type="checkbox"/> Contamination | <input type="checkbox"/> Countersink | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Drawing | <input type="checkbox"/> Finish | <input type="checkbox"/> Folio |
| <input type="checkbox"/> Grain | <input type="checkbox"/> Hardware | <input type="checkbox"/> Inspection Incomplete | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Misread | <input type="checkbox"/> Offset | <input type="checkbox"/> Out of Calibration | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions |
| <input type="checkbox"/> Ovalized | <input type="checkbox"/> Over/Under tolerance | <input type="checkbox"/> Part Incorrect | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Part Moved | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced | <input type="checkbox"/> Temperature/Cure | <input type="checkbox"/> Weld | <input type="checkbox"/> Wrong Stock Pulled |
| | | | | | | <input type="checkbox"/> Other | | | | |
| <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> | | | | | | | | | | |



D3281-4 FLOOR PROTECTOR

D3281-4 NOTES:

- 1) MATERIAL: -4L02 = LEXAN F6006, BLACK No. 701, 0.093" THICK (MLEXS.093-F6006-02)
-4L08 = LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.010 MAX
- 6) IDENTIFICATION: IDENTIFICATION: IDENT WITH DART P/N "D3281-4Lx" AND B/N PER QSI 044 6.4 ALONG PERIMETER OF PART AS SHOWN.
- 7) WEIGHT: D3281-4L02 = 0.87 lb D3281-4L08 = 1.05 lb
- 8) THERMOFORM WITH MOLD D3281-4T1 PER DART QSI 022; TRIM AS SHOWN
MINIMUM THICKNESS AFTER FORMING: 0.070" EXCEPT WHERE INDICATED

RELEASE
2010-11-25

| | | | |
|------------|----------|--|--------------|
| DESIGN | | DART AEROSPACE LTD | |
| DRAWN | | HAWKESBURY, ONTARIO, CANADA | |
| CHECKED | | DRAWING NO. | REV. F |
| MFG. APPR. | | D3281 | SHEET 4 OF 4 |
| APPROVED | | TITLE | SCALE |
| DE APPR. | | FLOOR PROTECTOR | NTS |
| DATE | 10.09.27 | <small>COPYRIGHT © 2004 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small> | |

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
|--|------|------|-----|---|----------------------|---|----------------|--------------|--------------|--|--|
| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | | AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data <input type="checkbox"/> | | | | | | | | | | | |
| Equip/Tooling <input type="checkbox"/> | | | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | | |

| FAULT CATEGORY | | | | |
|---|---|---|--|---|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |